

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

0 97 88278

CLAIMS AS FILED - PART I							5	SMALL ENTITY			OTHER THAN		
	TAL OLABAO		(Column 1)		(Colu	(Column 2)		TYPE		OR		L ENTITY	
TOTAL CLAIMS								RATE	FEE]	RATE	FEE	
FOR			NUMBER FILED		NUMB	BER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			55 minus 20=		*	35		X\$ 9=	/	OR	X\$18=	630	
INDEPENDENT CLAIMS			1	4 minus 3 =		1	Ì	X40=		OR	X80=	80	
MU	LTIPLE DEPEN	IDENT CLAIM PI	RESENT				ı	+135=		OR	+270=		
* If	the difference	in column 1 is	less than ze	ro, ente	r "0" in c	column 2	Ì	TOTAL	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	OR	TOTAL	1420	
	C	LAIMS AS #	MENDED - PART II					1] • · ·	OTHER		
		(Column 1)		(Colu	ımn 2)	(Column 3)	_	SMALLE	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER IOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	.52	Minus	**5	5	=		X\$ 9=		OR	_X\$18=		
	Independent	+ 4	Minus	***	<u>f</u>	=	Į	X40=		OR	X80=		
	HIKS! PHESE	NTATION OF M	JLIPLE DEF	'ENDEN	I CLAIM			+135=		OR	+270=		
							L	TOTAL		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colu	ımn 2)	(Column 3)	,	ADDIT. FEE			AUUII. FEEI		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		<u> </u> =		X40=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							105	ļ.	1 1			
								+135=		OR	+270=		
							A	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)			mn 2)	(Column 3)							
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	- 01 4114	=		X40=		OR	X80=		
	FIRST PRESE	ENTATION OF MI	JLIIPLE DEF	PNDEN	CLAIM			405			070		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+270=			
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." TOTAL ADDIT. FEE AD												